INSPECT RFP – VENDOR QUESTIONS

Note: The written answers provided herein supersede and take precedence over the originally published requirements in the RFP; therefore, any conflict or discrepancy between the originally published RFP and the answers herein shall be resolved by deferring to these written answers only.

1. How many years of prescription data will be uploaded into the new system?

Although most searches tend to be for a time period of around one (1) calendar year, the information housed in the database dates from 2004 to present. So, to answer the question, no less than six (6) years of data will be uploaded into the new system.

2. How many prescription records are in the current system?

There are currently 49,017,297 records (as of September 4, 2009).

3. On average, how many new records are uploaded every month?

There are approximately 300,000 new records uploaded every month.

4. What percentage of the current number of users are concurrent users?

Although daily usage volume varies, all INSPECT users are potentially concurrent users. In other words, while it's unlikely, each of the 8,282 users of INSPECT could, technically, log into their accounts and simultaneously submit requests. Again, this is highly unlikely. The system is completely voluntary, and users tend to log into the system only as needed; and as such, while steady, the web traffic on the INSPECT site tends not to be overwhelming.

5. Are drugs other than Schedule II, III, IV or V uploaded to the State's current database?

This is a difficult question. All data that's uploaded to INSPECT comes from pharmacies licensed to conduct business in the State of Indiana. In the vast majority of cases, pharmacies will report only those prescription transactions that correspond to controlled substances dispensed to patients. In rare instances, pharmacies may incidentally report non-controlled substance transactions, in which case they are filtered out by our current software application, which recognizes such occurrences as errant records within the uploaded file.

6. Was the software currently used by the INSPECT Program developed in house? If not, who developed the software currently used for the INSPECT Program?

No. The current software application is proprietary software developed by Optimum Technology. At the request of the INSPECT Program, the software has been customized or enhanced to meet the State's unique needs; however, all support, maintenance, customization, and enhancement related activities pertaining to the current software were undertaken solely by Optimum Technology.

7. If this software was purchased, is it now property of the State?

See above. The software is the sole property of Optimum Technology Inc.

8. Who is the State's current vendor?

Optimum Technology Inc.

9. Is the current vendor's only responsibility to collect data for the INSPECT Program? If not, what are the current vendor's other responsibilities?

Our current software vendor licenses the State to utilize their PDMP software application (and components/modules associated with the software, if applicable). This includes the following:

(1) A management version of the program accessible only to INSPECT Staff;
(2) A user-accessible version of the program accessible 24/7 over the web;
(3) All support and maintenance associated with the software application and, if applicable, software customization and enhancement on a per hour basis (read: advanced technical services outside the scope of normal support and maintenance).

The software application is installed on servers hosted by the State. Both the management and user-accessible variants of the vendor software are operational in both Production ("Live) and Quality Assurance ("Test") environments.

10. What is the projected date for the vendor awarded the contract to have the proposed system ready?

If having the system "ready" were taken to mean, "the vendor's software has been installed on the State's servers, fully tested to the State's satisfaction, and implemented in Production," our tentative launch date is set at March 23, 2010. We are, of course, cognizant of the possibility of unexpected delays and setbacks; therefore, the date cited above is not completely inflexible. We foresee that a realistic project timeline will be more fully pronounced within the contract language developed between the State and the selected vendor.

11. Will the State provide the five (5) servers or is the selected vendor expected to provide the servers for the State?

The State will continue to host the servers and manage the oversight of pharmacy reporting and data collection. The software application must provide a vehicle through which pharmacies may seamlessly report prescription data to INSPECT, and the application must check uploaded data for formatting errors and/or the absence of statutorily-required patient prescription information. Unless otherwise stated in the RFP, all other activities pertaining to the maintenance and securitization of data, not to mention all interactions between INSPECT and dispensing pharmacies, will remain the sole responsibility of the State.

12. Will the State allow the vendor to host?

No.

13. Business Requirements 4 speaks to conforming to security and authentication requirements required by NASPER, which require notarized hardcopy requests for access (section 4a). Our question relates to the following item:

- **On page 21, Requirement 9 states: "The PMP system shall contain an online automated registration form for new users to complete and request access to the program."**

To meet the NASPER requirements, is the intent of the online form to allow for ease of completion and readability? If so, will users be required to print the online form and submit a signed and notarized copy to the State?

Yes. The intent of the online registration form is to provide us with a mechanism to put in place an authentication regime that's both efficient and compliant with the terms of NASPER. Tentatively, we are planning to require new users to complete an online registration form at our website, at which point they'll be provided with a username for an INSPECT account. To receive their account password for the system, all new users will be required to print off a copy of the online registration form and mail it to INSPECT along with the necessary notarized documentation.

Please see the 2009 NASPER grant solicitation for further information.

14. Business Requirements 4 speaks to conforming to security and authentication requirements required by NASPER, which require notarized hardcopy requests for access (section 4a). Our question relates to the following item:

- **On Page 32, 4.3 states: "Every completed new account registration application will come to Administrators for review and ultimate approval."**

If the answer to the previous question (13) is yes, will access only be granted after the State verifies all user credentials?

Yes. They will receive an account username upon successful completion of the online registration form. They will receive their account password only after we've reviewed a signed copy of the registration form and all necessary hard-copy documentation.

15. Business Requirement 7 states: "The vendor shall provide explanations and instructions regarding error correction, formatting requirements, and common potential errors."

Is it the State's intent that the selected vendor mail implementation guides to the dispensers?

No. The requirement cited in the question only concern the vendor responsibilities insofar as communicating the particulars of the upload and error correction process to INSPECT staff. All correspondence between INSPECT and dispensers pertaining to the process of data uploading or the correction of errors will be the sole responsibility of the INSPECT staff (or: "The State").

16. Software Requirement 1 speaks of collecting payment information. In the same section, requirement 6 states "The vendor shall be responsible for archiving, migrating and converting data from the current data tables to the new system. INSPECT patient records must be submitted in a standardized data format: ASAP R.5/95 Telecommunications Format."

ASAP 95 does not allow for the collection of payment information.

Is it the State's intent that the awarded software have a feature that use ASAP 2005 or ASAP 2007standards which allow for collection of method of payment?

Yes. First, the INSPECT user base has been overwhelmingly favorable to the introduction of patient method of payment information into the INSPECT Reports. And while it would require a statutory change to require dispensers to begin reporting payment information, the inclusion of method of payment information on INSPECT Reports is a software contingency with which any selected vendor must be prepared to deal.

Second, an upgrade to the most current version of ASAP is both timely and necessary from a long-term perspective. While not unambiguously stated in the RFP, it is the State's intention to immediately upgrade from ASAP 1995 to ASAP 2007 upon selection of a vendor. In short, the selected vendor must provide an application that's compliant with the ASAP 2007 data format. Adopting the latest version of ASAP will ameliorate many of the potential issues associated with the interstate sharing of PDMP data, particularly as it relates to the State forming workable interoperability agreements with other states prior to the initiation of data sharing activities. Furthermore, the most current version of ASAP allows INSPECT greater error reduction and error correction capabilities, both of which helps to ensure that errors related to patient information, DEA numbers, NDC codes, etc., are minimized or resolved in a timely manner.

Therefore, it is henceforth a requirement of the RFP that the selected vendor must provide all necessary assistance to the State as it relates to upgrading to ASAP 2007, and the vendor must provide for a software application compliant with ASAP 2007 data formatting standards .

17. Software Requirement 3 states: "The vendor shall provide the following environments for the PMP system:

<u>Test Environment</u>: A physical environment where testing of newly developed software can be tested to determine whether all transactions flow properly within an application. This environment is also used for quality assurance.

<u>Production Environment:</u> A physical environment where an application resides that hosts real data (as opposed to test data) and is available on a publicly accessible network."

This passage states the need for two software environments. However, bullet #2 in Segment 1.1 Service Delivery states the need for three software environments.

Will two or three environments be required?

At minimum, the vendor must provide a software solution that's fully operational in at least two environments: Production ("Live") and Quality Assurance ("Test"). This is the current arrangements, as it's important for the INSPECT Staff to test any and all software related changes—e.g. updates, patches, customizations, enhancements, or newly added features—prior to applying such changes to the Production environment.

The provision of a Development environment (a third environment mentioned in the RFP, albeit in a different section) would be viewed favorably by the State as a value-added feature; however, it is not a software requirement *per se*.

18. Software Requirement 6 states: "The vendor shall be responsible for archiving, migrating and converting data from the current data tables to the new system. INSPECT patient records must be submitted in a standardized data format: ASAP R.5/95 Telecommunications Format."

This question concerns receiving patient records via ASAP R.5/95 Telecommunications Format.

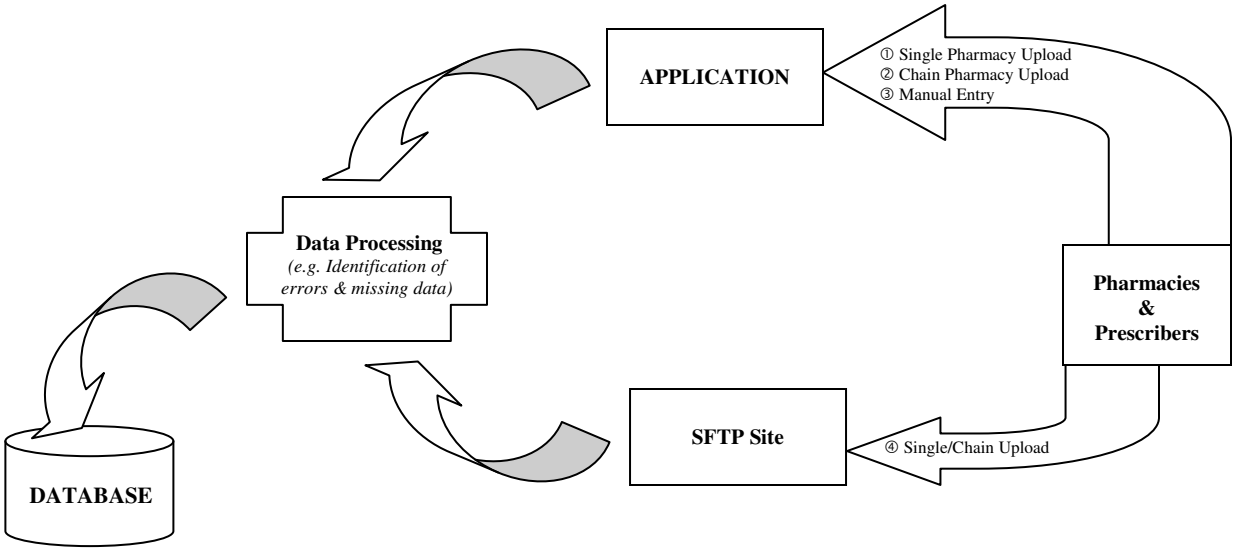
Will there be a need for manual data entry forms for dispensers who do not have the means for submitting via this format?

Yes. The software application must have a mechanism through which dispensers may submit records to INSPECT without uploading a correctly formatted file containing individual patient prescription records. In other words, the system must provide dispensers with four (4) options through which to upload records to the INSPECT database:

(1) <u>Single Pharmacy File Upload:</u> an individual dispenser creates a properly formatted file composed of individual patient prescription records, then uses either a diskette/CD or an upload functionality within the system to upload data to the INSPECT database. The software application must review the uploaded data for formatting errors and missing information before passing the information along to the INSPECT database.
(2) <u>Chain Pharmacy File Upload:</u> a pharmacy chain/conglomerate dispenser creates a properly formatted file composed of individual patient prescription records, then uses either a diskette/CD or an upload functionality within the system to upload data to the INSPECT database. The software application must review the uploaded data for formatting errors and missing information before passing the information along to the INSPECT database.
(3) <u>sFTP File Upload:</u> a single or chain pharmacy either manually or automatically transmits data to a secure FTP site hosted by the State. The software application must review the

uploaded data for formatting errors and missing information before passing the information along to the INSPECT database.
(4) Manual Record Entry Upload: a dispenser without an ASAP file-creation capability logs into the system, then manually enters and submits individual patient prescription records. Along the same lines, before manual record entries make their way into the INSPECT database, they must contain all necessary prescription information and identifiers, in accordance with Indiana statute.

As stated above, the data must be formatted in ASAP 2007 rather than ASAP 1995.



19. If the answer to the previous question (18) is yes, how many manual forms are expected on a weekly basis?

We aren't sure how many manual entry submissions we could reasonably expect to receive in a given week. However, the impetus for requiring a manual entry option for dispensers stems from a need to better monitor prescriber dispensing throughout the state. Per Indiana law, many prescribers are also permitted to dispense controlled substances. Prescribers that dispense less than seventy-two (72) hours worth of controlled substances are exempt from reporting to INSPECT; however, a prescriber that dispenses more than the maximum amount allowable for an exemption must report the prescription to INSPECT. In many cases, this is not currently being done. Many physician offices and veterinary clinics, for instance, simply do not have the resources necessary to purchase software capable of outputting prescription records in a file format acceptable to INSPECT. For this reason, a manual entry option is a practical step toward curbing the number of unreported controlled substance prescription records in Indiana.

20. Software Requirement 8, bullet 6 states: "The system shall have the ability to perform daily real time uploads data entry."

What is meant by "real time"? Does this refer to online manual data entry forms? Also, in one section of the RFP this item is listed as mandatory; however, in another

section of the RFP there is no mention of daily real time uploads data entry—so, is this item mandatory?

Yes. The bulleted item cited above concerns manual data entry of individual patient prescription records. The "real time" reference only concerns user accessibility as it relates to manually entering and submitting prescription records (or: "Online Reporting via web form). That is, dispensers must be able to access the system and manually enter prescription data in "real time," meaning "in the same way that users would access the system to conduct patient searches." The provision of a manual entry method of data submission is mandatory. The following details the four (4) dispenser upload scenarios that vendors must be able to accommodate:

(1) Single Pharmacy File Upload: an individual dispenser creates a properly formatted file composed of individual patient prescription records, then uses either a diskette/CD or an upload functionality within the system to upload data to the INSPECT database. The software application must review the uploaded data for formatting errors and missing information before passing the information along to the INSPECT database.
(2) Chain Pharmacy Upload: a pharmacy chain/conglomerate dispenser creates a properly formatted file composed of individual patient prescription records, then uses either a diskette/CD or an upload functionality within the system to upload data to the INSPECT database. The software application must review the uploaded data for formatting errors and missing information before passing the information along to the INSPECT database.
(3) sFTP File Upload: a single or chain pharmacy either manually or automatically transmits data to a secure FTP site hosted by the State. The software application must review the uploaded data for formatting errors and missing information before passing the information along to the INSPECT database.
(4) Manual Record Entry Upload: a dispenser without an ASAP file-creation capability logs into the system, then manually enters and submits individual patient prescription records. Along the same lines, before manual record entries make their way into the INSPECT database, they must contain all necessary prescription information and identifiers, in accordance with Indiana statute.

21. Segment 1: General, 1.1 Service Delivery, Bullet 3 states: "The vendor shall be responsible for archiving, migrating and converting data from the current data tables to the new system. INSPECT patient records must be submitted in a standardized data format: ASAP R.5/95 Telecommunications Format."

Another section cites the INSPECT Retention Policy: "Rx Patient History Reports are stored for 90days; all records containing medical data are stored for seven years."

Please clarify the phrase "patient history data is stored for 90 days."

Is it the State's intent to retain *user queries* for 90 days or remove all data that is 90 days old and store those records for seven years? If the data is to be removed every 90 days, what is the State's intent for storage?

The State intends for Patient Rx History Reports (i.e. the patient summary reports accessible to users) to be available for a period of ninety (90) days. For instance, if a prescriber user of INSPECT were to generate a report on a given patient, they would be able to revisit the same report at any time within a ninety (90) day window, after which the report would no longer be available for review. The State will provide the necessary hardware to store archived Patient Rx History Reports. The patient prescription records themselves will remain on the state database for a period of no less than seven (7) years.

22. Is it the State's intent to host all servers for the vendor's software application?

Yes.

23. Is it the State's intent that the vendor's software will be applied to the current servers housed at the State?

Yes.

24. There is no mention of the need for vendor technical staff for this project. Is it the intent of the State to handle the uploading of all data files?

Yes, with several caveats. Our expectations of vendors as it relates to uploading data are as follows: the vendor will be expected to provide a functionality within the software application that allows dispensers to directly upload files and/or manually enter prescription data to the INSPECT database; the vendor will ensure that files transmitted to the INSPECT database through a secure FTP site will be available to users of the system in the same way as other available uploading methods (i.e. dispenser/mass data file uploads or manual entry); and finally, the vendor will be expected to provide technical assistance insofar as answering questions and resolving any and all software related issues that may arise as it relates to dispenser uploading of data. The State will be responsible for uploading all diskette/CD entries received in the mail from dispensers; the State will take sole responsibility for the storage, securitization, and cleansing of prescription data; and the State will provide oversight of the statutorily-required dispenser reporting regime, albeit with the help of analytic features available through the vendor software application.

25. Segment 1: General 1.2 Implementation/Support states: "The vendor shall make available to INSPECT reasonable telephone and e-mail consultations to resolve support requests and any other issues that arise concerning licensed software and equipment."

Is it the intent of the State to handle all calls pertaining to data uploads and user access?

Yes.

26. Segment 1: General concerns the vendor's responsibility as it relates to the provision of regular support and maintenance. Will the State allow for non-maintenance time?

In cases where a work request by the State falls outside the scope of normal support and maintenance, as defined in the contract between the State and the selected vendor, the State may be willing to allow for non-maintenance time.

27. Please clarify: Segment 2: Upload Accounts Features 2.1 File Submissions deals with a requirement concerning "Automatic extractions from claims network transactions."

Does this upload account feature refer to a switch vendor?

Yes. However, this is not a requirement for the RFP. Nor does the State currently receive data uploads in this fashion. The State hopes to at some point capture records from point of sale claims transactions between pharmacies and third party payers, as this will move the PDMP increasingly toward "real-time" data collection, which will allow users to access more timely patient prescription information through the system. But again, it's important to emphasize: vendors need not possess the capability to capture claims network transactions prior to submitting proposals.

28. ASAP 95 does not allow for error correction with the current file format. Is it the State's intent that the software include a feature to allow error corrections outside the file format?

See answer above (27). The State does not intend to continue using the ASAP 95 format. The selected vendor must assist the State in upgrading to ASAP 2007, as well as provide for a software application compliant with ASAP 2007.

29. Does the current software allow for online error corrections?

No

30. Segment 2: Upload Account Features stipulates that pharmacies must be permitted to make corrections to errant records online. Does "errant records online" mean online editing?

Yes. We intend to provide users with a functionality within the application through which dispensers may resolve errant records within the files they've uploaded rather than, say, requiring that they submit a revised version of the same file.

31. Segment 3: User Account Features, 3.1 Account Restrictions/ Functionalities, c), states: "The system will allow for distinctions to be made among Prescriber users.

For instance, a sub-grouping based on whether a Prescriber user is a CSR-Physician, CSR-Osteopathic Physician, Nurse Practitioner, Dentist, Physician Assistant, Podiatrist, Veterinarian, or scientific investigator. Additional specialty information would be helpful as well (e.g. Cardiology, Pain Management, Family Medicine, etc.)."

Does the current system have an established method for making distinctions among these sub-groupings?

No. The current system groups all variants of prescriber and dispenser users into a single "practitioner" account category (note: there is a "pharmacy" account option; however, this is used primarily for uploading data rather than conducting patient inquiries). Occupational information is collected in the form of responses provided by new users on an online registration application they must complete prior to receiving their account credentials; however, the occupational information isn't reflected elsewhere in the system, nor is it completely standardized (i.e. some practitioners list their occupation as "Physician" while others enter "M.D." or "E.R. Doctor"). Beyond user-provided occupational information, new users also provide licensing information on the online registration application; and so, currently, when we are interested in assessing a breakdown of our user base in terms of the sub-groupings cited above, we tend to use a Crystal Report developed in-house to analyze user licensing information in terms of "license type" (e.g. Physician, Dentist, Nurse Practitioner, etc.), as matched against the State's licensing database.

32. Segment 3: User Account Features, 3.1 Account Restrictions/ Functionalities, e) states: "The system should allow for distinctions to be made among Law Enforcement users. For instance, a sub-grouping based on whether a Law Enforcement user is a prosecutor, federal/state/local officer, investigator, intelligence professionals, licensing board authority, or probation/parole officer."

Does the current system have an established method for making distinctions among these sub-groupings?

No. The current system groups all variants of law enforcement users into a single "law enforcement" account category. Occupational information is collected in the form of responses provided by new users on an online registration application they must complete prior to receiving their account credentials; however, the occupational information isn't reflected elsewhere in the system, nor is it completely standardized.

33. Segment 3: User Account Features, 3.1 Account Restrictions/ Functionalities, e) states: "Law Enforcement will not have the ability to perform uploads. Law Enforcement account privileges will be restricted to conducting prescriber and patient searches only. To complete a search on the system, Law Enforcement users must cite a Case ID number and check a box indicating that an active, ongoing investigation is underway on the subject of the search."

Will law enforcement personnel have direct access to the data?

No. In fact, if "direct access to the data" were construed to mean "available via a pathway other than the vendor's online software application," no INSPECT user groups will have direct access to the data. All inquiries must be initiated and processed online through the vendor's software application. In the case of law enforcement searches, fulfillment of both patient and prescriber related inquiries will be contingent on the law enforcement user completing two prerequisite steps: 1) they must cite a Case ID number corresponding the investigation for which the search results will be utilized; and 2) they must check a box somewhere within the search feature of the application verifying that the search concerns the subject of an active, ongoing investigation related to controlled substances.

34. Segment 3: User Account Features, 3.1 Account Restrictions/ Functionalities, e) states: "Law Enforcement will not have the ability to perform uploads. Law Enforcement account privileges will be restricted to conducting prescriber and patient searches only. To complete a search on the system, Law Enforcement users must cite a Case ID number and check a box indicating that an active, ongoing investigation is underway on the subject of the search."

Do law enforcement queries have to be approved prior to release of query results?

No. As stated above, fulfillment of both patient and prescriber related inquiries will be contingent on the law enforcement user completing two prerequisite steps: 1) they must cite a Case ID number corresponding the investigation for which the search results will be utilized; and 2) they must check a box somewhere within the search feature of the application verifying that the search concerns the subject of an active, ongoing investigation related to controlled substances. No other approval or intervention by INSPECT staff is required.

35. Segment 3: User Account Features, 3.3 Search Features, a) states: "The system shall be able to support both automated and manual processing of user-initiated requests for prescription information, whether the subjects are patients or prescribers."

Please explain the difference between automated and manual processing.

The difference between automated and manual processing of a user-initiated request mainly lies with the relative success of the vendor's search functionality in generating a clear patient match. The INSPECT Program currently processes approximately 1,900 user-initiated requests per day, the vast majority of which are processed automatically by the current vendor's software. In cases where the current software is, for whatever reason, unable to generate a clear patient match, the system defers to INSPECT staff for manual processing of the user request. There are occasionally cases in which a father and son share the same name and address but differ in terms of their dates of birth, or cases in which two patients with the same name share a birthday but differ in terms of their addresses. In such cases, INSPECT

staff are notified that the request could not be automatically processed by the vendor's search technology, at which point staff must manually select from a list of patients that in some way reflect the search criteria entered by the user. The patients manually selected by staff are then included in the summary report provided to the user upon processing of the request. We foresee staff continuing to be involved in resolving such conflicts; however, we are open to alternatives to manual processing of requests. In any case, in order to make certain that only user-requested patient information is provided in the summary report, the selected vendor must provide for some type safeguard to ensure that any and all patient search related conflicts are resolved in some fashion prior to fulfillment of a user-initiated request.

36. Stakeholder/User Requirement 4 states: "The system shall provide a disclaimer and policy language that all users must acknowledge at the point of registering with the INSPECT program."

Is it acceptable if the vendor provides disclaimer and policy language upon initial login only?

Yes, assuming "initial login only" means "every time the user logs into the system." If, on the other hand, "initial login only" were construed as "only the first time the user logs into the system," then, no, it would not be acceptable. The State's preference would be for users to acknowledge the INSPECT policy guidelines both at the point of registering and each and every time they log into the system.

37. Stakeholder/User Requirement 10 states: "Administrator account users shall have the ability to monitor and/or audit a patient's record."

Does this mean that an administrator has the ability to monitor a specific user and see what patient records that user has accessed?

Yes, the system should provide for a search feature to review user activity (i.e. what patients has a given user been looking up on the system?). The State's preference would be for the application to provide for the inverse of the standard user audit as well, meaning that an administrator account would have the ability to conduct a search to see which prescriber/dispenser users have looked up a given patient.

38. Software Requirement 2 states: "The vendor(s) software application shall have the option of operating on the following platforms: SQL 2005 or 2008 (nothing below 2005); JAVA Tomcat or .Net."

Is this the required list or will the state support other technologies?

Since the State will continue to host the servers on which the selected vendor's software application will reside, after consulting with the Indiana Office of Technology, to the best of our knowledge, the aforementioned listing represents all currently supported platforms. Other technologies may be considered on a case-by-case basis; however, the onus will be

on vendors to describe how they plan to guarantee platform compatibility without altering the current hosting arrangement.

39. Software Requirement 1 states: "The system shall be capable of collecting controlled substance prescription information (schedules 2-5) and other relevant patient information (i.e. payment info)."

Regarding payment information, what information beyond ASAP 95 does the state want to collect? Can the State provide specific other relevant patient information?

See above response (#16) concerning the now-required upgrade to ASAP 2007.

An INSPECT report summarizes the controlled substances a patient has been prescribed, the practitioner who prescribed them and the dispensing pharmacy where the patient obtained them. Each time a controlled substance is dispensed, by law, the dispenser is required to submit the following information to INSPECT:

(A) The patient's name.
(B) The patient or patient representative's identification number or the identification number or phrase designated by INSPECT.
(C) The patient's date of birth.
(D) The national drug code number of the controlled substance dispensed.
(E) The date the controlled substance is dispensed.
(F) The quantity of the controlled substance dispensed.
(G) The number of days of supply dispensed.
(H) The prescriber's United States Drug Enforcement Agency registration number.
(I) A unique identifier for the dispenser (we currently accept NCPDP number for pharmacies and DEA numbers for dispensing prescribers).
(J) Patient address information, including city, state and zip code.

Beyond the statutorily-required prescription and patient information, there are currently no other required fields of data that dispensers must report. However, as mentioned in an earlier question, the State intends to at some point collect patient method of payment information.

40. Segment 4: Administrator Account Features states: "The INSPECT management/administrator account responsibilities will include monitoring user activities to ensure system productivity, storage and the adherence to INSPECT's usage policy."

In the above statement, is the State referring to system performance?

Yes, but it goes a bit further than simply system performance. The intention of the above statement is to highlight the importance of management and analytic features within the selected vendor's software application. INSPECT staff must have the capability to review the activities of user accounts; review reports that have been previously processed and made

available to users; review dispenser uploading activity; review user-initiated request processing volume; and have access to analytic features that allows for patient prescription data and system usage data to be filtered, sorted, and outputted into usable summary reports.

41. Would it be advantageous to have the capability to include actual patients [as users] at a future date or is this outside of any future potential scope?

Patients are, of course, privy to all hard-copy pharmacy documentation corresponding to records reflected on the INSPECT report. However, patients are not listed among the eligible user groups described in the statute governing INSPECT access (IC 35-48-7-11.1), which we believe precludes patients from accessing INSPECT information. The law may change at some in the future, and as such, the capability to include Patients as users will be viewed favorably by the State. But this capability is not necessary based on the current laws in Indiana.